

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7		3				
8		3				
9						
10						
11						
12						
13		3				
14		3				
15	1					
16	1					
17	1					
18	1					
19		2				
20		3				
21		3				
22		3				
23		3				
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27						
28		3				
29		3				
30	1					
31	1					
32	1					
33						
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35		3				
36		3				
37		3	1			
38		3	1			
39		3	1			
40		3	1			
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49						
50						
TOTAL IND.	(P)					
TOTAL DEP.	60					
TOTAL CLAIMS	70					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						